

I have noticed also an unusual number of unilateral choreas this winter with pronounced paralytic symptoms. Have they any connection with influenza? I have not been able to study them from the laboratory standpoint to have an opinion.

I was confused in two cases by a close similarity in symptoms to cerebrospinal syphilis. Mental dulness, with a facial diplegia or a brachial monoplegia and oculomotor paralyses, accompanied by a lymphocytosis, does not always represent a syphilitic picture. The difference lies in the absence of a premonitory period, the comparative absence of a general breakdown preceding the onset of the palsies, and the early and pronounced mental dulness. The palsies were not so fugacious as in true cerebrospinal syphilis and disappeared more progressively; and, of course, the Wassermann and colloidal gold tests are always negative, despite the increased lymphocytosis. Both patients had an accommodation spasm with miosis.

EDWARD E. MAYER, M.D., Pittsburgh.

"OHIO FINDS A BETTER WAY"

To the Editor:—Allow me to congratulate you on the stand you take in endorsing the action of the Ohio State Medical Association on throwing the responsibility of public health on the legislature by not opposing bills licensing certain cults and sects.

During the last thirty years while going to the legislature opposing bills of the osteopaths, Christian scientists and the like, I came to the conclusion that the best way to deal with them is to ignore them.

L. W. ZWISOHN, M.D., New York.

A PROTEST AGAINST THE SENDING SOUTH OF INDIGENT TUBERCULOSIS PATIENTS

To the Editor:—May I protest against physicians in other parts of the country telling indigent tuberculous patients to go South for the winter? For the past few years, an average of thirty transient tuberculous people have died each year in our community. We have no proper place as yet to care for our own tuberculous, and the migratory consumptive adds greatly to our problem. Plans are under way for a county sanatorium at Jacksonville. There is no state institution and at present no private institution in Florida for the care of tuberculosis.

WILLIAM W. MACDONELL, M.D., Jacksonville, Fla.
City Health Officer.

THE SUPPLY OF PRACTICAL NURSES

To the Editor:—Since the necessity of presenting a nursing bill at the present session of the Illinois legislature became known, an honest effort has been made to try to remove some of the nursing difficulties of the state. To help overcome the shortage of nurses, the course of thirty-six months for the registered nurse has been cut down in a proposed bill to a minimum of twenty-seven months, and a course of eighteen months established for a new group, this also to be registered.

To assure the eighteen months' nurse being kept for the bedside care of the sick, a restriction preventing her doing public health work, acting as a supervisor, instructor or executive, has been made. This seems worth trying, as one great cause of the shortage of the private duty nurse is her absorption into other forms of nursing.

The need of a part nurse, part housekeeper in the home is fully appreciated, but it seemed unwise to incorporate in a possible law a type that had not yet been successfully developed. Long observation seems to show that most private duty nurses, after the first enthusiasm wears away, either are unwilling to do household duties or get discouraged and give up private duty. The advice of the women at the head of the homes would be valuable as to the practicability of one woman continuously nursing the sick and caring for the home at the same time.

It seemed equally unsound to introduce into a law the experimental short course nurse, with the fear of sending into the field many but poor nurses; and out of consideration for the hospitals whose sick need equal consideration, eighteen months as the shortest period was finally settled on.

The effort of carrying a registered nurses' school has undoubtedly become burdensome to some hospitals, and it is unjust that those institutions should have to carry heavy educational problems in addition to their many responsibilities or be considered not accredited. It has been thought that with the two groups of women, hospitals might decide which type of school they wished to conduct—the registered nurse school with the expense of many instructors and equipment, or junior registered nurse school, equally dignified and important, giving in eighteen months an intensive instruction to qualify for good bedside nursing care, having class instruction in practical nursing, invalid cooking, personal and home hygiene, and possibly a little anatomy and physiology.

The name of Junior Registered Nurse was not given in a feeling of patronage or to indicate inferiority either for the school or for the woman. It is usually granted that a twenty-seven months' course is more advanced than an eighteen months' period, and it is in this sense alone that the term was applied. The words Junior Registered Nurse also indicate that, should the woman care to, she may at some time qualify for Registered Nurse. Neither the Registered Nurse nor the Junior Registered Nurse will carry the title Registered around with her, and both will be called nurse. Restrictive clauses specifying those who may nurse for hire will make it a mandatory law if passed.

While most nurses advise against an entrance age under 21, practical reasons and public demand have placed the age at 19. It has been thought that in this age of general education one year high school entrance has not been too much to ask.

The other points of the bill deal with administration. The majority of the registered nurses in Illinois have endorsed this bill as a possible solution of a difficult situation. It cannot be attempted or successfully worked out without the cooperation of every interested person, the medical profession to understand and interpret it to the community, the nurses realizing the opportunity to perform a valuable service by developing and welcoming this second group of registered nurses and the department of the state, under which the schools will be administered, exercising a just control.

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President, Illinois State Association of Graduate Nurses.

[Dr. M. L. Harris, representing the Illinois Hospital Association, comments:]

To the Editor:—The people have long experienced difficulty in securing nurses who are willing to wait on the sick, and the seriousness of the situation was greatly accentuated during the recent epidemic. Not only is there a shortage of nurses, but there is a growing tendency on the part of the registered nurse to escape doing private duty or actual nursing. Both of these facts have been recognized by the people, who are demanding that something be done to remedy the situation.

The nurses' organization recently introduced into the legislature of Illinois a nursing bill which they believe to be "an honest effort to try to remove some of the nursing difficulties of the state." If its proposed bill will remove the existing difficulties and enable the sick to secure some one to wait on them during their illness, it is a good bill; but, if it does not remove the difficulties, then some bill should be substituted for it which will.

Referring to its bill, it is casually remarked in the preceding letter that "restrictive clauses specifying those who may nurse for hire will make it a mandatory law if passed." The first paragraph of the proposed law provides that it shall be unlawful for any person to nurse the sick who is not a registered nurse or a junior registered nurse. The question of "hire" does not enter into the bill. A person could not render even gratuitous service to the sick; not only that, but the bill would prevent Sisters, deaconesses and brothers